



Oral Health Criteria #4

Distribute an oral health survey to parents.



Definition: The Oral Health Survey should be filled out by the parents, collected by the school, and then turned in to the Utah Department of Health's Oral Health Program. Completing the survey will reinforce healthy dental habits that parents can assist their children in obtaining. Results from the survey will help the school and the health department identify in which areas the children need to improve.

Resources:

UDOH Oral Health Program

www.health.utah.gov/oralhealth

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Oral Health Survey

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Assignments

- Distribute survey to parents/legal guardians
- Collect the surveys and return them to the Oral Health Program at the Utah Department of Health:
 - Peggy A Bowman, RDH
UDOH Oral Health Program
PO Box 142001
Salt Lake City, UT 84114-2001

Oral Health #4 Ideas

- Give an incentive to parents for turning in the survey
- Let them know why this is important
 - Completing the survey will reinforce healthy dental habits that parents can assist their children in obtaining. Information collected from the survey will assist the school and the health department by indicating what areas children need the most help in accomplishing
- Tell students about the survey and have them encourage their parents to fill it out

Oral Health Survey

Below are questions about healthy dental habits that parents can help their children do. Please answer to the best of your knowledge. Information from these surveys will be shared as a group and not individually. Survey results will help the school identify which area the child needs to improve.

Child's Name (Last, First) _____

Age ____ Grade ____ School _____ Gender: M F

Yes No

☐ ☐

My child drinks water with enough fluoride or takes daily fluoride tablets.

☐ ☐

My child swishes with weekly school fluoride rinse or daily home fluoride rinse.

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My child has dental check-ups at least once a year.

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My child brushes daily with a fluoride toothpaste.

☐ ☐

My child flosses daily.

☐ ☐

My child has had sealants placed on biting surfaces of the back teeth.

☐ ☐

My child has insurance for dental treatment.

Parent/Legal Guardian's Signature

Date

Please return survey to Peggy Bowman at:
Utah Department of Health
Oral Health Program
P.O. Box 142001
Salt Lake City, UT 84114-2001